

**To be used for changes to registrations and terminations.**

- Print in ink or type.
- Complete form and return to Board of Ethics, 2415 Quail Dr., 3<sup>rd</sup> Floor, Baton Rouge LA 70808, (225) 763-8777 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

1. NAME Everitt Kerry L.

2. BUSINESS PHONE 721-0022

### 3. BUSINESS ADDRESS

BUSINESS ADDRESS \_\_\_\_\_  
 Street and No. City State Zip  
 MAILING ADDRESS P.O. Box 1937, St. Francisville, LA 70275  
 Street and No. City State Zip

4. EMPLOYER Kerry Everitt & Associates

5. EMPLOYER'S ADDRESS P.O. Box 1937 St. Francisville, LA 70775  
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No \_\_\_\_\_

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name \_\_\_\_\_

**Address** \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation  
Does this person pay you? \_\_\_\_\_

If No. who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

Lobbyist's Registration Number

**FOR OFFICE USE ONLY**

Postmark Date: 03/28/05

LSUPP

## AMENDMENT

2015 MAR 28

RECEIVED

Address

HAND DELIVERED

see next page

**LOBBYING SUPPLEMENTAL REGISTRATION FORM**

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Lobbyist's Registration Number

**FOR OFFICE USE ONLY**

Postmark Date: 02/28/05

LSUPP

1000574

1. NAME Everitt Kerry L.  
Last First MI2. BUSINESS PHONE 721-0022

3. BUSINESS ADDRESS

MAILING ADDRESS P.O. Box 1937, St. Francisville, LA 70775  
Street and No. City State Zip

4. EMPLOYER

5. EMPLOYER'S ADDRESS

Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes \_\_\_\_\_ No \_\_\_\_\_

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

☐ New Representation

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

☐ Terminated Representation as of \_\_\_\_\_

see next page

# SUPPLEMENTAL REGISTRATION FORM

Lobbyist's Registration Number

2. Name LOUISIANA CASA  
 Address 265 Third St., Baton Rouge, LA 70801  
 Business or purpose Advocates for neglected and abused children  
☐ New Representation  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_  
☒ Terminated Representation as of 3-1-05
3. Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Business or purpose \_\_\_\_\_  
☐ New Representation  
 Does this person pay you? \_\_\_\_\_  
 If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

## CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

*Derry Everett*  
 Signature of Lobbyist

**AMENDMENT**

## SUPPLEMENTAL REGISTRATION FORM



2. Name LOUISIANA CASA  
Address 2105 Third St., Baton Rouge, LA 70801  
Business or purpose Advocates for neglected and abused children  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☒ Terminated Representation as of 3-1-05

3. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Business or purpose \_\_\_\_\_  
☐ New Representation  
Does this person pay you? \_\_\_\_\_  
If No, who pays you? \_\_\_\_\_  
☐ Terminated Representation as of \_\_\_\_\_

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I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

*Terry Everett*  
Signatures of Lobbyist